



Quality Performance Improvement Project

Healthy Families Program Quality Performance Improvement Project

Background

A key component of a quality improvement project is the identification of a) **successful practices** and b) **opportunities for improvement**.

During the last three years, MRMIB has collected and published health plan performance information pertaining to five areas of preventive care. Using a standardized tool (the Health Plan and Employer Data Information Set, or HEDIS) to "evaluate" plan performance, MRMIB has information on the provision of immunizations, well-child and well-adolescent visits, access to primary care providers and outpatient follow-up after a psychiatric inpatient admission. In addition to the HEDIS measures, MRMIB also has information on the number of newly enrolled children receiving a health assessment within the first 120 days of enrollment.

The maturity of the program and stability of the subscriber population will allow MRMIB and participating health plans to review performance and initiate discussions on ideas for improvement. The program's maturity also allows MRMIB and plans to begin uncovering "best practices" that contribute to high performance.



At the request of the Board, staff considered ways to identify plan performance that warranted improvement and to provide feedback to the plans in this regard. Although HFP plan performance overall was on par or better than NCQA benchmarks for Medicaid and commercial plans, performance on *well adolescent visits* and *mental health follow-up after an inpatient admission* were alarmingly low.

Purpose and Process of the HFP Quality Performance Improvement Project

The intent of the HFP Quality Performance Improvement Project is to provide annual feedback to plans regarding program performance overall, as well as individual plan performance as indicated by performance scores for a particular year and improvement or deterioration in performance over a multi-year period.

The following tables present an overview of the methodology used to calculate plan performance, actual plan achievement, and an approach to providing annual feedback.

- ▶ **Table 1** – Examples of the methodology used to calculate performance scores.
- ▶ **Table 2** – Actual plans scores for the 2000 and 2001 reporting period.
- ▶ **Table 3** – Matrix of plan performance and proposed corrective action. (*Feedback*)

- ✓ Health plans achieving **high scores** in reported performance measurement areas will be asked to share information about the factors contributing to their success. Scores for these plans are identified with  **Best Practices Profile**.
- ✓ Health plans achieving **low scores** in these same performance measurement areas will be required to submit corrective action plans. Scores for these plans are identified with  **Corrective Action Strategy**.

This year, **all participating health plans will submit a corrective action plan for improving their performance in well adolescent visits and follow-up after a mental health inpatient admission.** Some plans will be asked, however, to provide information on ways they have achieved a higher than average performance rate on well-adolescent visits compared to the overall HFP average.

Because this framework is the first attempt to promote quality improvement systematically, staff will monitor the results from this effort and refine the framework if necessary.

Table 1 – Methodology for Calculating Performance

Methodology For Calculating Performance Scores

Calendar Year 2000/2001 Results

- ✓ Childhood Immunization – C2
- ✓ Well Child Visit
- ✓ Adolescent Well Visit
- ✓ Access to PCP (Combined)
- ✓ 120 Day IHA

Calculation of Scoring Results

Achievement Component =
1 point for each percent
scored.

Improvement Component = 1
point added or subtracted for
each positive or negative
change in score. (20 Max)

Total Score = Achievement
Points + Improvement
Points

All Quality
Measures Carry
Same Weight

Improvement = 2001
Score (-) 2000 Score

Achievement
and
Improvement
Scores Carry
Same Weight

Methodology For Ranking Plans

• Calculate Plan Total Score

• Rank Plans High to Low

• Generate Mean and Standard Deviation for all Plan Scores

• Identify Plans Above and Below One Standard Deviation from Mean

• Classify Plans as High, Average or Low Scoring Plans

High = > 1Std.dev Above Mean Low = < 1Std.dev Below Mean

Communicate Results to Individual Plans

- Address Strengths and Weaknesses
- Solicit Best Practices and Recommendations (*High Scores*)
- Present strategies for improving future scores (*Low Scores*)

Quality Performance Measurement (Example)

Plan	2001 Achievement				2000 Achievement				2000 to 2001 Improvement				Quality Measurement Score		
	Well Child Visit	Adolescent Well Visit	Access to PCP	120 Day Initial Health Assess	Well Child Visit	Adolescent Well Visit	Access to PCP	120 Day Initial Health Assess	Well Child Visit	Adolescent Well Visit	Access to PCP	120 Day Initial Health Assess	Achievement	Improvement	Overall
Plan Name	69	35	85	76	44	26	57	49	25	9	28	27	265	20	285
Plan Name	64	32	94	67	59	31	93	57	5	1	1	10	257	17	274
Plan Name	74	36	92	54	61	40	87	52	13	(4)	5	2	256	16	272
Plan Name	66	32	91	50	55	34	82	48	11	(2)	9	2	239	20	258
Plan Name	58	31	91	61	56	25	88	59	2	6	3	2	241	13	255
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Plan Name	63	34	87	27	62	29	86	51	1	5	1	(24)	211	(17)	195
Plan Name	54	27	61	28	49	25	54	21	5	2	7		170	20	190
Plan Name	43	18	51	22	40	20	41	25	3	(2)	10	(3)	134	8	142
Plan Name	40	16	43	32	62	22	26	19	(22)	(6)	17	13	131	2	134
Mean	62	31	80	44	58	30	73	40	4	2	7	4	218	11	228
SD	9	7	14	14	11	8	18	13	10	7	9	9	35	12	38
Minus 1SD	53	25	67	30	47	22	55	26	(6)	(5)	(2)	(5)	182	(1)	190
Plus 1 SD	71	38	94	58	68	38	91	53	13	8	17	14	253	22	267

Calculation and Ranking

Step #1 – Achievement Scores Summed

Step #2 – Improvement Scores Calculated and Summed
(No Improvement for CI for 2001 = Limited Sample)
(Maximum improvement points +20 to -20)

Step #3 – Total Scores Calculated

Step #4 – Average and Standard Deviation Calculated

Step #5 – Plans Sorted Highest to Lowest

Step #6 – High Achievement >1SD identified in

GREEN

Step #7 – Low Achievement <1SD identified in

RED



Table 2 - Quality Performance Measurement - Scores By Plan

Plan	2001 Achievement				2000 Achievement				Improvement 2000 to 2001				Quality Measurement Score		
	Well Child Visit	Adolescent Well Visit	Access to PCP	120 Day Initial Health Assess	Well Child Visit	Adolescent Well Visit	Access to PCP	Day Initial Health Assess	Well Child Visit	Adolescent Well Visit	Access to PCP	120 Day Initial Health Assess	Achievement	Improvement	Overall
Health Plan of San Mateo	69	35	85	76	44	26	57	49	25	9	28	27	265	20	285
Kaiser Permanente	64	32	94	67	59	31	93	57	5	1	1	10	257	17	274
Santa Barbara Regional Health	74	36	92	54	61	40	87	52	13	(4)	5	2	256	16	272
Kern Family Health Care	66	32	91	50	55	34	82	48	11	(2)	9	2	239	20	258
Blue Cross EPO	58	31	91	61	56	25	88	59	2	6	3	2	241	13	255
Santa Clara Family Health Plan	73	36	88	54	72	45	81	51	1	(9)	7	3	251	2	254
Blue Cross HMO	63	35	84	58	63	27	81	56	0	8	3	2	240	13	253
Central Coast Alliance For Health	69	32	92	40	70	16	92	33	(1)	16	(0)	7	233	20	253
Alameda Alliance For Health	67	34	87	45	61	30	69	35	6	4	18	10	233	20	253
Health Plan of San Joaquin	65	24	89	60	58	28	87	62	7	(4)	2	(2)	238	3	240
Ventura County Health Care	57	27	89	44	49	17	88	39	8	10	1	5	217	20	237
Community Health Group	68	32	88	42	66	38	81	39	2	(6)	7	3	230	6	235
Inland Empire Health Plan	70	41	83	20	58	41	51	28	12	0	32	(8)	214	20	234
CALOPTIMA	63	38	74	36	58	31	67	28	5	7	7	8	211	20	231
Universal Care	57	35	85	44	65	33	83	41	(8)	2	2	3	221	(1)	221
Molina	58	39	65	33	39	29	53	25	19	10	12	8	195	20	215
San Francisco Health Plan	74	40	75	39	84	47	85	41	(10)	(7)	(10)	(2)	228	(20)	208
Contra Costa Health Plan	52	24	85	44	56	28	85	34	(4)	(4)	(0)	10	205	2	206
Blue Shield HMO	53	24	70	38	45	23	63	22	8	1	7	16	185	20	205
Sharp Health Plan	63	34	87	27	62	29	86	51	1	5	1	(24)	211	(17)	195
HealthNet	54	27	61	28	49	25	54	21	5	2	7	7	170	20	190
Community Health Plan	43	18	51	22	40	20	41	25	3	(2)	10	(3)	134	8	142
UHP HealthCare	40	16	43	32	62	22	26	19	(22)	(6)	17	13	131	2	134
Mean	62	31	80	44	58	30	73	40	4	2	7	4	218	11	228
SD	9	7	14	14	11	8	18	13	10	7	9	9	35	12	38
Minus 1SD	53	25	67	30	47	22	55	26	(6)	(5)	(2)	(5)	182	(1)	190
Plus 1 SD	71	38	94	58	68	38	91	53	13	8	17	14	253	22	267

Table 3 - Plan Performance Designations

Plan	Childhood Immunization	Well Child Visits	Adolescent Well Visits	Access To Primary Care Practitioner	120 Day Initial Health Assessment	Quality Measurement Designation
Alameda Alliance For Health	U N D E R R E V I E W					
Blue Cross EPO					↑	
Blue Cross HMO						
Blue Shield HMO			↓			
CALOPTIMA						
Central Coast Alliance For Health						
Community Health Group						
Community Health Plan		↓	↓	↓	↓	↓
Contra Costa Health Plan		↓	↓			
Health Plan of San Joaquin			↓		↑	
Health Plan of San Mateo					↑	↑
HealthNet				↓	↓	
Inland Empire Health Plan					↓	
Kaiser Permanente					↑	↑
Kern Family Health Care						
Molina			↑			
San Francisco Health Plan		↑	↑			
Santa Barbara Regional Health		↑				↑
Santa Clara Family Health Plan		↑				
Sharp Health Plan					↓	
UHP HealthCare		↓	↓	↓		↓
Universal Care						
Ventura County Health Care						

↑ Best Practices Profile

Letter **acknowledging the plan's superior performance**. A request to delineate the successful practices implemented to achieve either above average results and/or improvements from the prior year.

↓ Corrective Action Strategy

Letter requesting a **strategy for improving performance** for this measure. The report shall include a summary of current procedures along with suggested improvements and an implementation timeline.